



Department of Health and Human Services/Centers for Disease Control and Prevention

Global AIDS Program (GAP)

Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care, and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.

About Our Work: Most At Risk Populations

Why does CDC work with populations most-at-risk for HIV?

Entry of HIV infection into a country's vulnerable populations can have major impact on the course of the HIV epidemic. At the end of 2003 in Vietnam, there were 220,000 persons living with HIV/AIDS. More than 50% of these persons were injection drug users (IDUs). However, the epidemic appears to be evolving such that HIV infection is spreading from IDUs and women who trade sex for money to their sex partners, and other members of the general population. For example, recent HIV prevalence surveys in Vietnam show that rates of infection among women receiving prenatal care are increasing — signaling that the HIV epidemic in Vietnam is moving into the general population.

The International Rapid Assessment, Response and Evaluation, or I-RARE, project helps communities identify strategies to enhance HIV prevention, maximize community health services, and provide access to care for populations most at risk for HIV/AIDS.

Cambodia is facing emerging epidemics of drug use and HIV. The Global AIDS Program in Cambodia, in collaboration with the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS), conducted a rapid assessment to better understand the situation and to develop a plan to address the growing HIV epidemic among drug users. The assessment is guiding the development of prevention, care and treatment programs for drug users in Cambodia.

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More than 5 million people each year are newly infected with HIV. Although many persons have some level of risk for acquiring HIV, some persons are especially vulnerable due to their behavior or the behavior of their partners.

Most at risk populations vulnerable to HIV infection include but are not limited to:

- ♦ injection drug users who share HIV contaminated drug injection equipment;
- ♦ individuals who abuse other substances such as non-injection drugs and alcohol;
- ♦ commercial sex workers and their sex partners;
- ♦ youth and street children;
- ♦ persons detained in corrections facilities; and
- ♦ men who have sex with men.

A comprehensive HIV prevention strategy must include combinations of interventions for populations most at risk for HIV infection. In resource-constrained countries, the Global AIDS Program (GAP) is encouraging a multi-component targeted intervention approach, relying on evidence-based interventions and supportive policies to prevent the spread of HIV infection and to provide comprehensive treatment for persons who become HIV-infected. These interventions include:

- ♦ outreach to populations most at risk for HIV;
- ♦ voluntary HIV counseling and testing adapted to specific populations;
- ♦ education to prevent transmission of HIV through sex or needle sharing;
- ♦ treatment of sexually transmitted infections (which can facilitate transmission of HIV infection);
- ♦ treatment of HIV/AIDS, including counseling to prevent further spread to partners.

In Vietnam, the Global AIDS Program (GAP), with U.S. Government (USG) funding:

- ♦ collaborated with the Ministry of Health to adapt the World Health Organization (WHO) training guide for HIV prevention outreach to injection drug users (IDUs);
- ♦ coordinated a symposium for public health officials to review the evidence-based findings and best practices on HIV prevention for drug users to improve provincial program planning and implementation;
- ♦ coordinated a rapid assessment on the HIV care and treatment and drug treatment needs for at risk populations.

In Kenya, GAP, with USG funding:

- ♦ collaborated with partners to conduct a training course for a community-based outreach program for vulnerable populations designed to refer IDUs and commercial sex workers to voluntary HIV counseling and testing, drug treatment, and HIV treatment Services.

In the Asia Region, GAP, with USG funding:

- ♦ planned and hosted a meeting on drug treatment, HIV care and treatment activities for IDUs. Cambodia, China, Lao PDR, Thailand, and Vietnam participated and developed action plans for future activities in their countries.

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